

FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
New York, New York 10151
Telephone: (212) 588-0800
Facsimile: (212) 588-0500
E-mail: Firm@flhlaw.com

FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Barbara N. Burgess

Firm: U.S. Patent and Trademark Office
Art Unit 2157

Facsimile: (571) 273-3996

From: Thomas F. Presson

Date: February 13, 2006

Re: FLH Ref No.: 450100-03419
Serial No: 09/934,192

Number of Pages: 17
(including cover page)

If you do not receive all pages or are unable to read the transmission, please call (212) 588-0800.

CONFIDENTIALITY NOTICE

The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private, and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this facsimile is strictly prohibited.

00293111

PATENT
450100-03419

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shigeki Matsumoto
Serial No. : 09/934,192
Filed : August 21, 2001
For : DATA COMMUNICATION SYSTEM AND DATA
COMMUNICATION METHOD
Examiner : Barbara N. Burgess
Art Unit : 2157

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to 703-872-9306 on July 11, 2005

DeAndre Breeland
(Name of Applicant, Assignee or Registered Representative)
DeAndre Breeland
Signature
July 11, 2005
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: Thomas F. Presson
Thomas F. Presson
Reg. No. 41,442
Tel: 212-588-0800

FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
New York, New York 10151
Telephone: (212) 588-0800
Facsimile: (212) 588-0500
E-mail: Firm@flhlaw.com

FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Barbara N. Burgess

Firm: U.S. Patent and Trademark Office
Art Unit 2157

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: July 11 2005

Re: FLH Ref No.: 450100-03419
Serial No: 09/934,192

Number of Pages: 11
(including cover page)

If you do not receive all pages or are unable to read the transmission, please call (212) 588-0800.

CONFIDENTIALITY NOTICE

The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private, and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this facsimile is strictly prohibited.

00293111

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	2529
RECIPIENT ADDRESS	917038729306pp450100
DESTINATION ID	
ST. TIME	07/11 17:17
TIME USE	02'48
PAGES SENT	11
RESULT	OK

FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
New York, New York 10151
Telephone: (212) 588-0800
Facsimile: (212) 588-0500
E-mail: Firm@flhlaw.com

FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Barbara N. Burgess

Firm: U.S. Patent and Trademark Office
Art Unit 2157

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: July 11 2005

Re: FLH Ref No.: 450100-03419
Serial No: 09/934,192

Number of Pages: 11
(including cover page)

If you do not receive all pages or are unable to read the transmission, please call (212) 588-0800.

Serial No. 09/934,192 File No. 450100-08419 By TFP/DXB
 Title In the Matter of the Application of Data Communication System
 The following due _____ in the U.S. Patent Office, was received in the Patent Office

<input type="checkbox"/> Affidavit	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Express Mail Mailing Certificate	<u>EV72306427</u>
<input checked="" type="checkbox"/> Amendment		(separate sheet)	
<input type="checkbox"/> Preliminary Amendment		<input checked="" type="checkbox"/> Check No. <u>037752</u> for \$ <u>790.00</u>	<u>US</u>
<input type="checkbox"/> Amendment After Final Rejection		<input type="checkbox"/> Deposit Account Order Form	
<input type="checkbox"/> Request for Extension of Time		<input type="checkbox"/> Drawing _____ Sheet(s)	
<input type="checkbox"/> Provisional Patent Application		<input type="checkbox"/> Information Disclosure Statement	
<input type="checkbox"/> Application for Patent, including		<input type="checkbox"/> PTO Form 1449	
_____ Pages Specification _____ Claims		<input type="checkbox"/> Issue Fee Transmittal	
<input type="checkbox"/> Declaration <input type="checkbox"/> Oath <input type="checkbox"/> Power		<input type="checkbox"/> Brief <input type="checkbox"/> Letter	
<input type="checkbox"/> Request for Filing Continuation or Divisional		<input type="checkbox"/> Application for TM Registration	
Application _____ sheets, in duplicate		Including _____ Specimens	
<input type="checkbox"/> File Wrapper Continuation Patent Application		<input type="checkbox"/> Status Request <input type="checkbox"/> Notice of Appeal	
_____ sheets, in duplicate		<input type="checkbox"/> Petition <input type="checkbox"/> Response	
<input type="checkbox"/> PCT Request _____ sheets, including		<input type="checkbox"/> Priority Document	
<input type="checkbox"/> Transmittal Letter to the US/RO		<input type="checkbox"/> Small Entity Declaration	
<input type="checkbox"/> Assignment <input type="checkbox"/> Recordation Cover Sheet		<input checked="" type="checkbox"/> <u>BCE</u>	

Via Express Mail: 8/19/05



EV 723366627 JS

Mailing Label
Label 11-F, April 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Now <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Out Day	Postage \$
Date Accepted	Scheduled Date of Delivery Month Day	Return Receipt Fee \$
Mo. Day Year	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$ Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$
Flat Rate <input type="checkbox"/> or Weight	Int'l Alpha Country Code	Acceptance Emp. Initials
Ins. <input type="checkbox"/> OZS. <input type="checkbox"/>		

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE 212 588 0800

FROMMER LAWRENCE & HAUG, LLP
745 5TH AVE FL 10
NEW YORK NY 10151-0099

450100-034119

TO: (PLEASE PRINT)

PHONE

Mail stop RCE
Commissioner for Patents
P.O. Box 1450
ALEXANDRIA, VA 22313-1450

FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811

15867 2000

F:02 T:

PRESS HARD, YOU ARE MAKING 3 COPIES.



Standard Register © ZIPSET®

FROMMER LAWRENCE & HAUG LLP

745 FIFTH AVENUE
NEW YORK, NY 10151

037752

August 19, 2005

1-1-210-438

PAY TO THE ORDER OF COMMISSIONER OF PATENTS AND TRADEMARKS

\$ 790.00

THE SUM 790 DOLLARS 00 CTS

DOLLARS

CITIBANK, N.A.
Private Banking Division
153 EAST 53RD STREET, 20th FL.
NEW YORK, NY 10043

FROMMER LAWRENCE & HAUG LLP

CHARGE ANY ADD'L FEES TO DEPOSIT ACCT. #50-0320

⑆037752⑆ ⑆021000089⑆ ⑆4002674623⑆

FROMMER LAWRENCE & HAUG LLP

DETACH AND RETAIN THIS STATEMENT

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

APPLICANT

SERIAL NO.

TITLE

Shigeru Matsunoto

091934192

FLA H DOCKET NO.

450100-034197

- ☐ APPEAL BRIEF
☐ APPEAL FEE
☐ CERTIFICATE OF CORRECTION
☐ DISCLAIMER
☐ EXTENSION OF TIME
☐ FEE FOR ADDED CLAIMS
☐ FILING FEE
☐ ISSUE FEE
☐ MAINTENANCE FEE
☐ MISSING PARTS
☐ NOTICE OF OPPOSITION
☒ PLEASE CHARGE ANY ADDITIONAL FEES OR CREDIT OVER PAYMENT TO DEPOSIT ACCOUNT NO. 50-0320

- ☐ PETITION FEE
☐ PETITION FOR CANCELLATION
☐ PETITION TO REVIVE
☐ RECORDING FEE
☐ REQUEST FOR ORAL HEARING
☐ SEC. 8 TM DECLARATION FEE
☐ STATEMENT OF USE
☐ TM RENEWAL
☒ RCE

CHARGE TO

NAME OF CLIENT OR ACCOUNT	FILE NO.	ATTORNEY	AMOUNT
SONY	450100-03419	TFP/DLB	790.00